

BATCH 5

**GROUP
MEDICAL EXPENDITURE REIMBURSEMENT
POLICY**

Contract ID 5812846045

This policy is stipulated between

UNIVERSITY OF VERONA
Via dell'Artigliere, 8
37129 VERONA
VAT No. 93009870234

and

HARMONIE MUTUELLE
Via S. Gregorio, 46
20124 Milano
VAT No. 08186860964

Duration of the contract

From 24.00 hours on:	31/12/2014
To 24.00 hours on:	31/12/2019

With expiry of the insured periods
after the first period

at 24.00 hours on every	31/12
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SECTION 1 DEFINITIONS AND IDENTIFICATION OF THE INSURED PARTIES

Art.1 - Definitions

Insurance:	The insurance contract.
Policy:	The document which acts as proof of the insurance.
Contracting Party:	The subject which establishes the insurance indicated on the front page of this policy.
Insured Party:	The natural person whose interests are protected by the insurance.
Beneficiary:	In the case of death, the legitimate or testamentary heirs; in all other cases the insured party.
Company:	The insurance company and the co-insurers.
Broker:	AON S.p.A. as mandatee of the Contracting Party for the management and execution of the contract, recognised by the Company.
Premium:	The sum due from the Contracting Party to the Company.
Risk:	the probability of an incident occurring and the gravity of the possible consequent damages.
Incident:	The damaging event for which the insurance guarantee is provided.
Indemnity:	The sum due from the Company in the case of an incident.
Fixed Excess:	The amount of the cost for damages that the Insured Party must bear.
Percentage Excess:	The percentage of the damages that the Insured Party must pay.
Insurance Year or Insurance Period:	The period equal to or less than 12 months between the date of effect and the date of expiry or termination of the Insurance.
Accident:	Every event due to accidental, violent and external causes which produces bodily injury which is objectively demonstrated, resulting in death and/or permanent invalidity and/or temporary disability.
Permanent invalidity:	The decreased capacity or the definitive and irreparable loss of the capacity to carry out any profitable work, regardless of the specific occupation practised by the Insured Party.
Illness:	Alteration of the state of health which is not consequent to an accident
Pathological disease:	An illness existing prior to the stipulation of the Policy which has required diagnostic investigation, hospitalisation or treatment/therapy in the last 12 months
Health Institution:	Public hospital, clinic, health-care institute managed by the National Health Service or privately, legally recognised and regularly authorised for in-patient care, excluding spa establishments, convalescent homes and similar.
Hospitalisation:	Admission to a Health Institution for at least one night.
Maximum Coverage:	The Company's maximum exposure for every incident.
Travel risk:	Risk during the journey, by any means, from the place of residence or domicile to the work or meeting place or the venue of the course or activity, and vice versa.
Malformation – Physical defect:	Organic or congenital alteration or alteration acquired during physiological development, which is evident or which can be clinically diagnosed before the start of the insurance

Art. 2 - IDENTIFICATION OF THE INSURED PARTIES

This policy is stipulated for the subjects for which the Contracting Party is obliged to provide, or interested in providing, insurance cover during trips - as defined in the University regulations - abroad authorised by the University, including:

- teachers;
- employees in general;
- semi-subordinate workers;
- scholarship students, doctorate students, research fellows;
- subjects included in research programmes in general;
- students etc.

The Contracting Party is exonerated from the obligation of declaring the identity details of the insured parties. They will be identified on the basis of the registers/documents held by the Contracting Party.

The Contracting Party is also exonerated from the obligation of informing the Company in advance of possible diseases, infirmity, mutilations and physical defects from which the insured persons suffer at the moment this contract is stipulated, or of communicating them successively, or of communicating those that may occur at a later date.

This policy is effective throughout the world. Any indemnity will be paid only in Italy and in Euro (€).

SECTION 2

PROVISIONS WHICH GOVERN THE CONTRACT IN GENERAL

Art. 1 - Declarations relative to the circumstances of the risk

Incorrect and incomplete declarations made by the Contracting Party relative to circumstances which influence the evaluation of the risk can lead to the total or partial loss of the right to the indemnity and the termination of the insurance pursuant to arts. 1892, 1893 and 1894 of the Italian Civil Code.

The Contracting Party must inform the Company of every aggravation of the risk. Aggravation of risk that is not communicated or not accepted by the Company can lead to the total or partial loss of the right to the indemnity, and also to the termination of the insurance, pursuant to Art. 1898 of the Italian Civil Code.

Failure on the part of the Contracting Party to communicate circumstances which aggravate the risk, or inexact or incomplete statements made at the moment of the stipulation or during the validity of the insurance contract, will not lead to lapse of the right to the indemnity or to any reduction in the same if such omissions or inaccuracies have been committed unintentionally.

The Company also has the right to receive the difference in the premium corresponding to the greater risk as of the moment at which the circumstances occur.

Without prejudice to that disciplined by Section 2, Art. 5, "Payment of the premium", in the case of a decreased risk, the Company must reduce the premium or the premium instalments after the Contracting Party's communication, pursuant to Art. 1897 of the Italian Civil Code, and renounces the relative withdrawal right.

The Contracting Party and the Insured Party have no obligation to declare damages previously sustained by the parties insured by this insurance policy.

Art. 2 - Insurance by several Insurers

In partial derogation from Art. 1910 of the Italian Civil Code, the Contracting Party has the faculty of not communicating other insurance policies that are currently valid or that it may stipulate in the future with other Companies for the same risks that are covered by this policy.

The Insured Parties are exempted from the obligation of communicating the existence of other insurance stipulated by themselves or others covering the same risks as those covered by this contract unless a claim is filed.

Art. 3 - Duration of the contract

The contract has the duration indicated on the front page and will irrevocably terminate on expiry of said period. In the case of a contract for several years, the parties may rescind the contract at each annual expiry by registered letter or certified e-mail to be sent at least four months before the annual expiry date.

The Contracting Party, with notice of at least three months prior to expiry, may request the Company to temporarily extend this insurance, for the purpose of the completion of contract awarding procedures. The Company, for the payment of the relative percentage of the premium, hereby promises to extend the insurance under the same contractual and economic conditions for a period of 3 months starting from the annual expiry date.

Art. 4 - Payment of the premium and the start of the guaranteed period

The insurance takes effect at 24.00 hours on the day indicated in the policy even if the premium is paid within 60 days of the same.

The payment terms referred to in the first paragraph of this article are also extended every time an appendix involving payment is issued to vary the contract, including a possible appendix for extension.

The premiums can be paid to the Insurance Company through the Broker appointed to manage the contract.

If the Contracting Party does not pay the premiums or the successive premium instalments, the insurance will be suspended from 24.00 hours on the 60th day after that of expiry and will resume at 24.00 hours on the day of payment, without prejudice to the successive expiry dates and the Company's right to the payment of outstanding premiums pursuant to Art. 1901 of the Italian Civil Code.

Pursuant to Art. 48 of Italian Presidential Decree 602/1973, the Company acknowledges that the Insurance retains its validity also during the execution of any verifications carried out by the Contracting Party pursuant to Decree of the Min. of Economy and Finance No. 40 of 18 January 2008, including the 30 day suspension period pursuant to Art. 3 of the Decree.

In addition, the payment made by the Contracting Party directly to the Collection Agent pursuant to Art. 72 *bis* of Italian Presidential Decree 602/1973 represents fulfilment towards the Company pursuant to Art. 1901 of the Italian Civil Code.

Art. 5 - Payment of the premium

Since the premium is agreed entirely or partly on the basis of variable risk elements, the amount resulting from the calculation indicated in the policy (Section 6) is provisionally paid in advance and settled at the end of every annual or shorter insurance period according to the changes that have occurred during that period in the elements taken as the basis for calculation of the premium.

For this purpose, within 120 days of the end of every annual insurance period the Contracting Party must supply the Company in writing with the data necessary for the final calculation of the insurance premium.

Any positive or negative differences resulting from the adjustment must be settled within the 60 days after the Contracting Party receives the specific adjustment appendix held to be correct, issued by the Company.

If the Contracting Party does not communicate said data within the prescribed term or pay the positive difference due, the Company, by a formal deed declaring a state of arrears, must fix a further term for the payment, of not less than 30 days, informing the Contracting Party in writing, after which term the premium provisionally paid in advance for the successive instalments will not be considered as a down payment or as a guarantee relative to the annual insurance period for which the positive difference has not been paid and the guarantee will remain suspended until 24.00 hours on the day on which the Contracting Party fulfils its obligations, without prejudice to the Company's right to take legal action or to declare, by registered letter, the rescission of the contract.

In the case of non-communication of the payment data or of non-payment of the balance of the premium not due to the Contracting Party's wilful intent, any incidents may be indemnified up to the same amount as the difference between the part of the premium paid in advance and the full premium (advance payment plus balance).

For contracts that have expired, if the Contracting Party does not fulfil the obligations relative to the payment of the premium, the Company must fix a term of 30 days for such fulfilment, after which, without prejudice to its right to take legal action, the Company will have no obligation in respect of incidents that occur in the period relative to the non-payment of the additional sum.

The Company has the right to carry out verifications and checks for which the Contracting Party must provide clarifications and the necessary documents.

Art. 6 - Withdrawal subsequent to claim

After every claim and until the sixtieth day from the payment of the indemnity or from the refusal to pay the indemnity, the Company and the Contracting Party have the faculty of withdrawing from the contract, with advance notice of 120 (one hundred and twenty) days, forwarded by registered letter or certified e-mail. The 120 (one hundred and twenty) days are counted from the date on which the aforesaid registered letter or certified e-mail is received.

In both cases of withdrawal, the Company will refund the Contracting Party for the percentage of the premium paid and not used, excluding taxes, within 30 days of the date of effect of the withdrawal.

Art. 7 - Changes to the insurance

Any changes to this policy must be evidenced in writing.

Art. 8 - Form of the Contracting Party's communications to the Company

All communications that the Contracting Party must make must be sent by registered letter (also hand delivered) or other means which testify to the date and content (fax, certified e-mail, etc.) addressed to the Company or to the Broker on which the Contracting Party has conferred mandate for the management of the policy.

Art. 9 - Taxation

All taxes, present and future, relative to the premium, to the indemnities, to the policy and to the connected deeds are charged to the Contracting Party even if they are paid in advance by the Company.

Art. 10 – Jurisdiction and competent mediation body

For any disagreement between the parties relative to, deriving from or connected with this contract, including disagreements relative to its interpretation, validity, effectiveness, execution and/or termination, the Parties, subsequent to specific negotiations pursuant to Art. 28 of the Civil Code procedure, appoint the court of the place where the Contracting Party has its registered office as having exclusive jurisdiction.

Furthermore, in derogation from the prescriptions of Italian law 28/2010 and subsequent amendments and additions, the Parties hereby establish and undertake to bring disputes exclusively before the competent mediation body of the place where the Contracting Party has its registered office.

Art. 11 - Interpretation of the contract

It is agreed between the Parties that the conditions of the policy will be interpreted as widely as possible and in the manner most favourable to the Insured Party.

Art. 12 – Insurance on behalf of others

This insurance is stipulated by the Contracting Party on behalf of others; therefore the obligations deriving from the policy must be fulfilled by the said Contracting Party, except those which, by their nature, can be fulfilled only by the Insured Party, as contemplated by Art. 1891 of the Italian Civil Code.

Art. 13 - Obligation to provide data on the risk trend

The Company, on the annual expiry dates, will provide the Contracting Party with details (date, number, brief description) of the incidents reported, divided into:

- a) reserved claims (with indication of the reserved amount);
- b) claims paid (with indication of the amount paid and the date of payment);
- c) claims not followed up/rejected (with indication of the reason).

Regardless of the above described obligations, the Contracting Party may nevertheless request and obtain updating as described above on dates other than those indicated.

Art. 14 - Coinsurance and delegation (valid only in the case of coinsurance)

The insurance is divided between the companies as indicated in the allocation of the premium; each has responsibility in proportion to its respective percentage as specified in the contract.

The Contracting Party declares that it has entrusted the management of this contract to AON S.p.A. and the insurance companies have agreed to delegate the management to the Company indicated on the front page of this policy; consequently, all relations regarding this insurance will be conducted on behalf of the Contracting Party and the Insured Parties by AON S.p.A. which will liaise with the leading insurer, informing the co-insurers.

In particular, all communications relative to the contract, including those relative to withdrawal or cancellation and the management of claims, will be made or received by the leading insurance company in the name of and on behalf of all the coinsurance companies.

The coinsurance companies recognise as valid and also binding on themselves all management deeds executed by the leading insurance company on behalf of them all except for the collection of the policy premiums which will be paid to each company.

The undersigned leading insurance company declares that it has been mandated by the co-insurers indicated in the aforesaid deeds (policy and appendices) to sign them also in their name and on their behalf. Therefore the leading company's signature on the Insurance Documents renders them valid to all effects also for the quotas of the co-insurers.

Art. 15 - Broker Clause

The company AON S.p.A. is entrusted with the management and execution of this insurance in its capacity as Broker pursuant to Articles 108 and following of Italian Legislative Decree 209/2005.

The Contracting Party and the Company reciprocally acknowledge that every communication relative to the execution of this insurance will take place through the appointed Broker.

Therefore, for the effects of the conditions of this policy, the Company acknowledges that every communication made by the Contracting/Insured Party to the Broker must be understood as made to the Company itself and vice versa, as also every communication made by the Broker to the Company will be understood as made by the Contracting/Insured Party.

While compliance with the provisions of the applicable laws in force is pending, in particular with reference to Art. 118 of Italian Legislative Decree 209/2005 and art 55 of ISVAP regulation No. 05/2006, the Broker is authorised to collect the premiums. The Company also recognises that the payment of the premiums may be made by the Contracting Party through the above-designated Broker; it remains understood, also as contemplated by Art. 1901 of the Italian Civil Code, that the quittance relative to the payment thus made shall hold firm.

For the insurance coverage, the date of a written communication from the Broker to the Insurance Company will prevail.

Art. 16 - Reference to the provisions of law

For everything not otherwise disciplined, the provisions of law will prevail.

Art. 17 - Traceability of financial flows pursuant to Italian law 136/2010 and subsequent amendments and additions

The Company undertakes to fulfil all the obligations relative to the traceability of financial flows contemplated by Art. 3 of Italian law No. 136 of 13 August 2010 and successive amendments and additions, in order to ensure the traceability of the financial movements relative to the contract.

If the Company does not fulfil the obligations contemplated by Art. 3 of Italian law No. 136/2010 on the traceability of financial flows relative to the contract, this contract will be rescinded pursuant to paragraph 8 of the said Art. 3.

SECTION 3 RISKS COVERED

Art.1 - Object of the insurance

The insurance covers the medical expenses that the Insured Party must sustain because of an accident suffered or an illness that has become apparent when he/she is abroad on a trip/transfer authorised by the Contracting Party such as, for example but not only, seminars, conventions, lectures, study and research programmes, etc.

In the case of hospitalisation in a public or private Health Institute, also in the case of admittance to day-hospital, with or without a surgical operation, and also in the case of a surgical operation carried out in a doctor's surgery or a casualty department, the Company reimburses the expenses specified in the following articles up to the sums insured per trip and per insured person.

Art.2 - Sum Insured

€ 50,000.00 per insured person and per trip

Art. 3 – Reimbursement in the case of hospitalisation for illness or accident with or without a surgical operation

The Company will reimburse, up to the sum insured, the expenses sustained for:

- 1) general medical assistance, nursing care, medicines supplied during hospitalisation, therapeutic devices and external prostheses applied during the surgery;
- 2) the fees of the surgeon, the assistance surgeon, the anaesthetist and every other subject participating in the operation, the operating theatre (fees and expenses) and material used during the surgery;
- 3) diagnostic investigations (for example: CAT scan, ultrasound scan, Doppler test, Holter test, bone scan, nuclear magnetic resonance analysis), tests, specialist examinations, physiotherapy and rehabilitation treatments carried out during hospitalisation;
- 4) charges for the hospital stay;
- 5) the following services carried out in the 90 days after discharge from hospital (excluding treatment as an outpatient) if the insured subject has continued the trip abroad:
 - specialist examinations;
 - diagnostic examinations and test;
 - medical and nursing services;
 - the purchase of medicinal substances prescribed by the attending doctor;
 - physiotherapy and rehabilitation treatments;

Only in the case of hospitalisation without surgery, the aforesaid expenses will be reimbursed up to the total insured sum of **€ 10,000.00** per insurance year per insured person;

Art. 4 - Reimbursement of expenses subsequent to illness or accident without stay in hospital or with admittance to day-hospital

The Company will reimburse, up to the sum insured, the expenses sustained for:

- surgery carried out in a doctor's surgery or with admittance as an out-patient up to a maximum of **€ 10,000.00** per insurance year and per insured person;
- diagnostic examinations and tests (for example: CAT scan, ultrasound scan, Doppler test, Holter test, bone scan, nuclear magnetic resonance analysis), tests and specialist examinations up to a maximum of **€ 10,000.00** per insurance year and per insured person.

Art. 5 - Limits of the Insurance

The Company will reimburse only expenses for medical treatment prescribed by an authorised doctor or provided by a recognised hospital. The indemnity will not be paid for damages resulting entirely or partly from:

- The assumption on the part of the Insured Party of any pharmaceutical product, medication or treatment not prescribed by the doctor;

- Travel undertaken against a doctor's opinion or, in any case, undertaken while a pathological state was in an acute phase or for the purpose of undergoing medical-surgical treatment.

The insurance does not cover:

- a) expenses for treating or eliminating physical defects or congenital malformations, for treating pre-existing pathologies (except in the case of life saving treatment), dental treatment (except for urgent dental treatment up to the limit of **€ 5,000.00** per year per insured person, and in any case excluding orthodontic treatment)
- b) expenses for the treatment of mental illness, psychic disturbances in general, neuroses and the relative consequences;
- c) expenses for the treatment in the case of accidents and illnesses deriving from, or anyway connected with, criminal actions committed or attempted by the Insured Party;
- d) expenses for the treatment in the case of accidents or illnesses consequent to alcoholism, the abuse of psychotropic drugs and the non-therapeutic use of narcotics and hallucinogenic substances;
- e) expenses for treatment in the case of abortion not carried out within the terms of law;
- f) expenses for diagnostic procedures, therapy and all services relative to sterility, sexual impotence, assisted and artificial fertilisation;
- g) expenses for treatment for aesthetic purposes (except for reconstructive plastic surgery required subsequent to an accident, and reconstructive stomatology - including the dental apparatus - exclusively if rendered necessary by an accident);
- h) examinations and therapy in general for aesthetic purposes, diets for aesthetic purposes, homoeopathic and herbal therapy, acupuncture, and alternative medicine in general;
- i) preventive medical check-ups;
- l) expenses for the purchase or repair of spectacles or contact lenses;
- m) expenses for the purchase or repair of orthopaedic devices and/or prostheses of any kind, including dental prostheses (except in the case of urgent repairs rendered necessary by an accident and up to the limit of **€ 5,000.00** per year per insured person)
- n) medical expenses (including check-up expenses) carried out on returning to the place of residence or domicile, for situations consequent to illness and/or accidents suffered on a trip.
- o) the direct or indirect consequences of the transformation of energetic adjustments of the atom, whether natural or provoked, and the acceleration of atomic particles (nuclear fission and fusion, radioactive isotopes, acceleration machines, X-rays, etc.), unless consequent to medical therapy indemnifiable pursuant to this contract;
- p) medical expenses deriving from accidents or illnesses consequent to wars and/or uprisings;
- q) pregnancy except pregnancy complications during the first 6 months of pregnancy.

Art. 6 – Persons excluded from the insurance or not insurable

Except in the case of special agreements, this policy does not cover persons over **seventy-five years of age**. However, for people who reach this age during the insurance period, the insurance will remain valid until the next annual expiry of the premium and will cease on conclusion of this term, without the possibility of exception being raised on the grounds of the possible collection of the premiums that have fallen due after the said age has been reached, in which case the said premiums will be returned at the Contracting Party's request;

Art. 7 - Geographical limits

The insurance is valid **throughout the world** except for the Italian Republic, the Vatican City and the Republic of San Marino.

In any case, the indemnities will be paid in Italy and in Euro.

Art. 8 - Complementary guarantees

The Company, within the limits of the sum insured per trip and per person, will reimburse expenses sustained for:

a) the transfer of the Insured Party to the nearest accessible equipped Health Institute, with the means and within the times deemed most suitable by the attending doctors in loco who will provide for the certification of this need. Such means may be medical airlift, regular flight in tourist class, train in first class, ambulance. Transport will include medical and/or nursing assistance during the trip if the attending doctors deem it necessary and medical and pharmaceutical expenses sustained during the transfer.

The guarantee does not include: infirmities or injuries which, in the opinion of the attending doctors, can be treated on the spot and infectious diseases if transport implies breach of national or international health regulations

b) return to an equipped Health Institution in the country of residence or domicile with the means and within the time deemed most suitable by the hospital doctors who will provide for the certification of this need. This guarantee is effective if the Insured Party, on discharge from the hospital where he/she was admitted, is prescribed a period of convalescence of more than 7 days by the attending doctor.

The return may be by medical airlift, regular flight in tourist class, train in first class, ambulance. Transport will include medical and/or nursing assistance during the trip if the attending doctors deem it necessary and medical and pharmaceutical expenses sustained during the transfer.

If the same guarantee is covered by another policy, this contract will be effective for expenses in excess of the maximum coverage insured by the first risk policy.

This guarantee is not valid in the case of infectious diseases if transport implies breach of national or international health regulations.

c) transport of the body to the place of burial in the case of the Insured Party's death consequent to accident or illness, up to the sum of **€ 10,000.00** per insured person.

If the same guarantee is covered by another policy, this contract will be effective for expenses in excess of the maximum coverage insured by the first risk policy.

This guarantee does not include funeral expenses or possible expenses for the recovery of the body.

SECTION 4 MANAGEMENT OF CLAIMS

Art. 9 - Indemnity criteria

The accident report must contain indication of the location, the day and the time of the event, and the causes which led to the same; it must be accompanied by a medical certificate and sent to the Broker or to the Company within the 15th working day from the accident or from the moment at which the Contracting Party, the Insured Party or their assignees have the possibility of making the report.

For payment of the reimbursement, the Insured Party must forward the following documentation:

a) original copy of medical certificate proving the existence of the pathology (Illness or Accident), the request for examinations, diagnostic tests, hospitalisation or surgery, prescriptions for medicines;

b) copy of the examination and test results and every other medical documentation justifying the expenditure (diagnosis results, clinical record, etc.). At the express request of the Company, the Insured Party must also forward the original copies of the medical documentation (which the Company will return within 30 days of receipt).

c) original copies of invoices, duly receipted, and the pay slips for pharmaceutical expenses.

d) the original certification of the attending doctors in the case of a claim on the guarantees indicated under points a) and b) of Art. 8 of Section 3 "Complementary Guarantees"

Art. 10 - Disputes and the arbitration board

In the case of disputes of a medical nature on the indemnifiable nature of the event or on the amount of the reimbursements or on whether an indemnity is due, the Insured Party and the Company, with a private

deed, must confer mandate for the decision and on the extent to which the reimbursements and the indemnities are due pursuant to and within the limits of the policy conditions, on a board of three doctors, one nominated by each party and the third by the Parties of common accord or, otherwise, by the Board of the Medical Association with jurisdiction in the place where the board of doctors must sit.

The board of doctors must have residence where the Insured/Contracting Party lives or has its head office.

Each of the Parties sustains its own expenses and will remunerate the doctor designated by the same, contributing half of the expenses and fees of the third doctor.

The decisions of the board of doctors will be taken by majority vote, dispensing with every formality of law, and will be binding on the parties even if one doctor refuses to sign the relative report.

Art. 11 – Payment of the indemnity

Within 60 days of receiving the necessary documentation and after carrying out the appropriate inquiries, the Company will pay the indemnity found to be due and will inform the persons concerned and, after receiving their acceptance, will provide for payment within 30 days.

The indemnity will be paid in Italy and in Euro.

Art. 11 - Beneficiaries

In the case of the death of the Insured Party, the indemnity will be paid to the legitimate or testamentary heirs.

Art. 12 – Renunciation of subrogation

The Company renounces, in favour of the Insured Party and its assignees, the subrogation right to act against the subjects responsible for the accident, should it have such a right pursuant to Art. 1916 of the Italian Civil Code.

SECTION 6 – INSURED SUMS, FIXED EXCESSES, PERCENTAGE EXCESSES AND CALCULATION OF THE PREMIUM

Art.1 - Calculation of the premium and regulation application system

The Contracting Party, as a down payment of the agreed premium, pays the amount indicated in the table "breakdown of the premium" representing the total of the amounts for each category calculated on the basis of the rates and premiums indicated below.

At the end of every year the Company calculates the premium due on the basis of the changes communicated by the Contracting Party at the moment of settlement, the payment of which must be made as contemplated by Art. 5 of Section 2 of this policy.

The Contracting Party is not obliged to communicate, during the insurance period, the changes in the number of students or vehicles insured or any other variable data.

Since the insurance is provided in a non-nominative manner but on the basis of the number of days of the trip and the number of insured parties, the premium will be settled as follows:

<i>Category</i>	<i>Type of variable elements</i>	<i>Estimated figure</i>	<i>Gross premium per person or gross rate applied</i>	<i>Total</i>
A) trips lasting no more than 7 days	No. of days of trip	3,000		
B) trips lasting up to 30 days	No. of days of trip	3,000		

C) trip lasting from 31 days to 90 days	No. of days of trip	1,500		
D) trips lasting more than 90 days	No. of days of trip	4,500		

Breakdown of the premium

Annual taxable premium	€	.=
Taxes	€	.=
TOTAL	€	.=

Art. 2 – Percentage excesses and fixed excesses

The contract does not contemplate percentage excesses and fixed excesses.

Art. 3 – Coinsurance division

The risk is divided between the following companies according to the percentages indicated below:

Company	Branch	Percentage retained

Art. 4 – Final provision

It is agreed that only these typed provisions are effective.

The signature of the Contracting Party on printed forms supplied by the Insurance Company represents only acknowledgement of the premium and of the division of the risk between the Companies participating in the coinsurance.

THE CONTRACTING PARTY

THE COMPANY